

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

New Jersey Republican ProLife Coalition PAC

ADDRESS (number and street)

231 North Ave W #341

☐ Check if different than previously reported. (ACC)

Westfield

NJ

07090

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00525378

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☒ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
07 23 2012

through

M M M / D D D / Y Y Y Y Y Y
09 30 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Daniel Clark

Signature of Treasurer

Daniel Clark

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
10 09 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

New Jersey Republican ProLife Coalition PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 23 2012 To: M M / D D / Y Y Y Y Y Y
09 30 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2012		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	0.00	
(c) Total Receipts (from Line 19)	11490.21	11490.21
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	11490.21	11490.21
7. Total Disbursements (from Line 31)	10218.34	10218.34
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1271.87	1271.87
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

New Jersey Republican ProLife Coalition PAC

Report Covering the Period:

From:

M M / D D / Y Y Y Y
07 23 2012

To:

M M / D D / Y Y Y Y
09 30 2012
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

1500.00

1500.00

(ii) Unitemized

9990.21

9990.21

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

11490.21

11490.21

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ►

11490.21

11490.21

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ►

11490.21

11490.21

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ►

11490.21

11490.21

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	4088.87	4088.87
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	4088.87	4088.87
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	6129.47	6129.47
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	10218.34	10218.34
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10218.34	10218.34

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	11490.21	11490.21
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11490.21	11490.21
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	4088.87	4088.87
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	4088.87	4088.87

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 13

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New Jersey Republican ProLife Coalition PAC

Full Name (Last, First, Middle Initial)

A. Bunny Price

Mailing Address PO Box 807

City

State

Zip Code

Far Hills

NJ

07931

FEC ID number of contributing
federal political committee.

C

Name of Employer

none

Occupation

retired

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 19 / 2012

Transaction ID : SA11AI.4105

Amount of Each Receipt this Period

1000.00

donation

Full Name (Last, First, Middle Initial)

B. Bunny Price

Mailing Address PO Box 807

City

State

Zip Code

Far Hills

NJ

07931

FEC ID number of contributing
federal political committee.

C

Name of Employer

none

Occupation

retired

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

09 / 12 / 2012

Transaction ID : SA11AI.4106

Amount of Each Receipt this Period

500.00

donation

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

1500.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

New Jersey Republican ProLife Coalition PAC

A. National Car Rental

002

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

429.17

B. National Car Rental

002

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

3.00

C. PDQ Digital and Printing

003

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

538.00

970.17

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

New Jersey Republican ProLife Coalition PAC

Category/
Type

210.00

MM / DD / YYYY

Category/
Type

214.39

09 / 04 / 2012

Category/
Type

866.68

1291.07

FEC Schedule B (Form 3X) Rev. 02/2003

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 13

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New Jersey Republican ProLife Coalition PAC

Full Name (Last, First, Middle Initial)

A. U.S. Postal Service

Mailing Address 301 Market St

City	State	Zip Code
Lewisburg	PA	17837

Purpose of Disbursement
Postage

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2012

Transaction ID : SB21B.4120

Amount of Each Disbursement this Period

900.00

Full Name (Last, First, Middle Initial)

B. U.S. Postal Service

Mailing Address 301 Market St

City	State	Zip Code
Lewisburg	PA	17837

Purpose of Disbursement
postage

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2012

Transaction ID : SB21B.4151

Amount of Each Disbursement this Period

13.65

Full Name (Last, First, Middle Initial)

C. Wiland DirectMailing Address 6309 Monarch Park Pl
Suite 201

City	State	Zip Code
Longmont	CO	80503

Purpose of Disbursement
data services

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2012

Transaction ID : SB21B.4157

Amount of Each Disbursement this Period

375.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1288.65

3549.89

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 10 OF 13
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New Jersey Republican ProLife Coalition PAC		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00525378 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY		

Full Name (Last, First, Middle Initial) of Payee Conquest Communications		Date MM / DD / YYYY 09 / 24 / 2012	
Mailing Address 2812 Emerywood Parkway Suite 103		Amount 1454.94	
City Richmond	State VA	Zip Code 23294	Transaction ID : SE.4153
Purpose of Expenditure phone calls	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: MITT ROMNEY		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought 2319.61			

Full Name (Last, First, Middle Initial) of Payee Conquest Communications		Date MM / DD / YYYY 09 / 24 / 2012	
Mailing Address 2812 Emerywood Parkway Suite 103		Amount 1454.93	
City Richmond	State VA	Zip Code 23294	Transaction ID : SE.4155
Purpose of Expenditure phone calls	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: NJ <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: SCOTT GARRETT		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought 1904.93			

(a) SUBTOTAL of Itemized Independent Expenditures.....	2909.87
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Daniel Clark

[Electronically Filed]

Date

MM / DD / YYYY
 10 / 09 / 2012

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 11 OF 13
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New Jersey Republican ProLife Coalition PAC		FEC IDENTIFICATION NUMBER ▼ C C00525378
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee Conquest Communications		Date MM / DD / YYYY 09 / 24 / 2012
Mailing Address 2812 Emerywood Parkway Suite 103		Amount 1454.93
City Richmond	State VA	Zip Code 23294
Purpose of Expenditure phone calls	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 04
Name of Federal Candidate Supported or Opposed by Expenditure: CHRISTOPHER H. SMITH		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1454.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Transaction ID : SE.4156

Full Name (Last, First, Middle Initial) of Payee Dr. Don's Buttons		Date MM / DD / YYYY 08 / 15 / 2012
Mailing Address 3906 W Morrow Dr		Amount 414.67
City Glendale	State AZ	Zip Code 85308
Purpose of Expenditure buttons and stickers	Category/ Type 006	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: MITT ROMNEY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 414.67		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Transaction ID : SE.4117

(a) SUBTOTAL of Itemized Independent Expenditures.....	1869.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Daniel Clark

Signature

[Electronically Filed]

Date

MM / DD / YYYY
10 / 09 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 12 OF 13
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New Jersey Republican ProLife Coalition PAC		FEC IDENTIFICATION NUMBER ▼ C C00525378
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee U.S. Postal Service		Date MM / DD / YYYY 08 / 22 / 2012
Mailing Address 301 Market St		Amount 450.00
City Lewisburg	State PA	
Zip Code 17837		Transaction ID : SE.4109
Purpose of Expenditure Postage	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: MITT ROMNEY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 864.67		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee U.S. Postal Service		Date MM / DD / YYYY 08 / 22 / 2012
Mailing Address 301 Market St		Amount 450.00
City Lewisburg	State PA	
Zip Code 17837		Transaction ID : SE.4111
Purpose of Expenditure Postage	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 05
Name of Federal Candidate Supported or Opposed by Expenditure: SCOTT GARRETT		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 450.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	900.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Daniel Clark

[Electronically Filed]

Date

MM / DD / YYYY
10 / 09 / 2012

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 13 OF 13
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New Jersey Republican ProLife Coalition PAC		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00525378 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY		

Full Name (Last, First, Middle Initial) of Payee U.S. Postal Service		Date MM / DD / YYYY 08 / 22 / 2012	
Mailing Address 301 Market St		Amount 450.00	
City Lewisburg	State PA	Zip Code 17837	Transaction ID : SE.4113 Office Sought: <input checked="" type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
Purpose of Expenditure Postage		Category/ Type 004	
Name of Federal Candidate Supported or Opposed by Expenditure: CHRISTOPHER H. SMITH			
Calendar Year-To-Date Per Election for Office Sought 450.00			

Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY	
Mailing Address		Amount 	
City	State	Zip Code	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
Purpose of Expenditure		Category/ Type 	
Name of Federal Candidate Supported or Opposed by Expenditure:			
Calendar Year-To-Date Per Election for Office Sought 			

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	450.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	6129.47

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Daniel Clark

Signature

[Electronically Filed]

Date

MM / DD / YYYY
 10 / 09 / 2012